1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID

600120 OMB No. 1545-2251 **2023**

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

17 YIB Code	16 Section 4980H Sate Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)		Part II Em	4 City or town AUSTIN	3 Street address (including apartment no.) 13201 LEGENDARY DR APT 4205	AAKASH R	 Name of employee 	Part I En	ACIA SPILISHED SPILISHED
		G		All 12 Months	ployee Offer		including apartn GENDARY DI	AAKASH R CHITTIMALLA	ee	Employee	STAINS
	2A	49	#	Jan	Employee Offer and Coverage	5 State or province TX	nent no.) R APT 4205	LA			
	2A	co.	11	Feb		1Ce					
	2A	49	H.	Mar	Employee's Age on January 1	6 Country and ZIP or foreign postal code 11 City or town 78727 HUNTSVI		081-	2 Social		
	2A	69	Ħ	Apr	n January 1			081-91-3403	2 Social Security number (SSN)		
	2A	S	Ħ	May		yn postal code			(SSN)		
	2A	69	Ħ	June	Plan Start	11 City or town HUNTSVILLE	9 Street address (including room or suite no.) PO BOX 99	TEXAS DEPARTMENT OF CRIMINAL JUSTICE	7 Name of employer	A	
	2A	69	Ħ	July	Month (Ent		ss (including roo		ployer	pplicable L	
	2A	69	14	Aug	Plan Start Month (Enter 2-digit number):	12 State or province TX	m or suite no.)			Applicable Large Employer Member (Employer)	
	2A	69	#	Sept	nber): 01	rovince					
	2D	49	1H	Oct		13 Co 77	93		8 E		
	20	49	11	Nov		Country and ZIP or fo	10 Contact telephone number 936-437-3144	74-6001431	nployer identifica	yer)	
	20	49	111	Dec		13 Country and ZIP or foreign postal code 77342	number		8 Employer identification number (EIN)		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2023)

m W-2 Wage and Tax Statement 2023	7 Social Security tips	1 Wages, tips, other comp. 089.33	² Federal income tax withheld 445.97		
TEXAS DEPT. OF CRIMINAL JUSTICE	8 Allocated tips	3 Social Security wages 6,479.01	4 Social Security tax withheld 401.70		
POST OFFICE BOX 99 HUNTSVILLE, TX 77342-0099	.0	5 Medicare wages and tips 6,479.01	6 Medicare tax withheld		
HONISVILLE, IN //342-0077	10 Dependent care benefits	12a C 4.98	120		
Employee's name, address, and ZIP code	13 Standary Settleward Third party mick pay	12b	121		
AAKASH R CHITTIMALLA 13201 LEGENDARY DR APT 4205	b Employer identification number (EIN)	DD 20.60	12g		
AUSTIN, TX 78727	74-6001431 d Control Number	12d	12h		
State Employer's state I.D. no. 16 State wages, tips, etc.	17 State income tax 18 Lo	cal wages, tips, etc. 19 Local income tax	20 Locality name		
by B To Be Filed With Employee's FEDERAL Tax Return	This information is being furnished to the In	nternal Revenue Service.	Dept. of the Treasury - Visit the IRS Web Site at IRS		
	OMB NO. 1545-0004				
m W-2 Wage and Tax Statement 2023	7 Social Security tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
implinger's Social Security no. 081 – 91 – 34 03 implinger's rame, address, and ZIP code	8 Allocated tips	6,089.33	445.9		
TEXAS DEPT. OF CRIMINAL JUSTICE POST OFFICE BOX 99	O Andrew aps	6,479.01	401.7		
HUNTSVILLE, TX 77342-0099	10 Decembers care benefits	6,479.01	93.9		
		C 4.98	¥		
Employee's name, address, and ZIP code AAKASH R CHITTIMALLA	13 Stappory President There-party solls play	DD 20.60	121		
13201 LEGENDARY DR APT 4205 AUSTIN, TX	b Employer identification number (EIN) 74-6001431	12c	129		
78727	d Control Number	12d	12h		
State Employer's state I.D. no. 16 State wages, tips, etc.	17 State income tax 18 Loc	cal wages, tips, etc. 19 Local income tax	20 Locality name		
py C For EMPLOYEE'S RECORDS (See Notice to Employee below.) OMB No. 1545-0008	0	Dept. of the Treasury -		
information is being furnished to the Internal Revenue Service. If you are required to file a tax re			Visit the IRS Web Site at IRS		
m W-2 Wage and Tax Statement 2023					
Employee's Social Security no 081 - 91 - 3403	7 Social Security tips	1 Wages, tips, other comp. 6 , 089 . 33	2 Federal income tax withheld 445.9		
Employer's name, address, and ZIP code TEXAS DEPT. OF CRIMINAL JUSTICE	8 Allocated tips	3 Social Security wages 6 , 479 . 01	4 Social Security tax withheld 401.7		
POST OFFICE BOX 99		5 Medicare wages and tips 6 , 479 . 01	6 Medicare tax withheld		
HUNTSVILLE, TX 77342-0099	10 Dependent care benefits	12a	12e		
imployee's name, address, and ZIP code	13 Statutory Programme Thysi-party strik sky	C 4.98	12f		
AAKASH R CHITTIMALLA	b Employer identification number (EIN)	DD 20.60	12g		
	74-6001431	12d	12h		
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13201 LEGENDARY DR APT 4205 AUSTIN, TX	d Control number	cal wages, tips, etc. 19 Local income tax	20 Locality name		

Do you have so file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. You may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using Code D.D. of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code D.D is not taxable.

INSTRUCTIONS FOR EMPLOYEE

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 6. This amount includes the 1.45% Medicare Tax withheld line of your tax return.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including pamounts from a scale tool 1.25 (cafetare) plan). Any amount over your employers paid to you or incurred on your behalf (including pamounts from a scale tool 1.25 (cafetare) plan). Any amount over your employers paid to you or incurred on your behalf (including pamounts from a scale tool 1.25 (cafetare) plan). Any amount over your employers paid to you or incurred on your behalf of the 1.5 plan to 1.5 plan to (1.5) plan or (1.5) plan to (1.5) p

Corrections. If your name. SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file form W-2c. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name. SSN, or money amount error reported to the SSA on Entra to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your Social Security card, you should ask for new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also wist the SSA at www.SSA.gov

deferral limit must be included in income. See the instructions for Form 1040 and 1040-SR.

Note, if a year-follows code D.G. AA or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

C = Taxable cost of group-term life insurance ever \$50,000 (included in boxes 1, 3 (up to social security wage base), and \$5) = Elective deferrals to a section 4010(a short or deferred arrangement. Also includes deferrals under a \$1MPLE retirement account that is part of a section 4010(a) arrangement. Also includes deferrals under a \$1MPLE retirement account that is part of a section 4010(a) arrangement. Also includes deferrals under a \$1MPLE retirement account that is part of a section 457(b) deferred.

D = Cost of employer-sponsore health coverage. The amount reported with Code DD is not taxable.

EE = Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a lax-exempt organization section 457(b) plan.

W = Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeleria) plan to your health savings account. Report on Form 889. Health Savings Accounts (45As).

Bos 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions your years deduct. See Plub 800-A.

Note: Resp Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help question about your work record and/or animage in a particular year.